

PLEASE ATTACH COPY OF GRANT DEED

**COUNTY OF SAN BERNARDINO  
DEPARTMENT OF PUBLIC WORKS  
SOLID WASTE MANAGEMENT DIVISION**

**REQUEST FOR DISPOSAL USE PERMIT**

*-PLEASE PRINT CLEARLY-*

Tax Assessor's Parcel No. (from tax bill or Grant Deed): \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Daytime Phone No. (\_\_\_\_\_) \_\_\_\_\_

Property Owner's Address:

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

Property Owner's Mailing Address (if different from property address):

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

Previous Owner's Name (s) (if new homeowner):

\_\_\_\_\_

**Check One:**

☐ New Permit

☐ Replacement Permit

(Send a \$7.00 replacement fee along with your Parcel No. Please make check payable to "Solid Waste Management." Old permit will be voided upon receipt of request.)

Mail to: County of San Bernardino  
Solid Waste Management Division  
222 West Hospitality Lane, 2<sup>nd</sup> Floor  
San Bernardino CA 92415-0017

Telephone: 1-800-722-8004

Fax: 909-386-8900

\_\_\_\_\_

Owner's Signature

\_\_\_\_\_

Date

**-FOR OFFICE USE ONLY-**

DATE OF ORDER \_\_\_\_\_

CLERK \_\_\_\_\_

DATE OF ORDER \_\_\_\_\_

CLERK \_\_\_\_\_